

Discharge Date:\_\_\_\_\_

Payee: \_\_\_\_\_

### Diagnosis at Discharge – DSM IV

Code

Axis I: \_\_\_\_\_

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Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_

Axis V: \_\_\_\_\_

**\* CAUTIONS/DANGERS/ALLERGIES \*** \_\_\_\_\_

Reason for Admission: (Presenting Problem)\_\_\_\_\_

Reason for Termination:\_\_\_\_\_

**Assessment Results; Course of Treatment/Services and Response to Treatment/Services:** \_\_\_\_\_

County of San Diego  
Health and Human Services Agency  
Mental Health Services  
Case Management Services

**CASE MANAGEMENT –  
DISCHARGE SUMMARY**  
HHSA:MHS-860 (6/2002)

**Client:** \_\_\_\_\_

MR/Client ID #: \_\_\_\_\_

**Program:**

**Assessment Results; Course of Treatment/Services and Response to Treatment/Services:** \_\_\_\_\_

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**Services/Treatment Complete**    ☐ Yes    ☐ No

**History or Propensity for Violence, Fire setting, Criminal Activity, Sex Offences, or Suicide Attempts:** \_\_\_\_\_

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**Discharge Medication: (Name/dose/frequency if known)** \_\_\_\_\_

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**Prognosis: (poor, fair, guarded, good (Brief description of current level of functioning)** \_\_\_\_\_

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**Discharge Plan/recommendation/disposition: (Aftercare plan, living arrangements)** \_\_\_\_\_

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**Referred to:** \_\_\_\_\_ **Appointment Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Signature**

**Clinician:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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